

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099948

Entity Name: TOPP DEVELOPMENT, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

3055 NW 84TH AVE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3055 NW 84TH AVE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-1049448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVENUE
SUITE 850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOPP, DAVID
Address: 3055 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122

Title: TD () Delete
Name: TOPP, DORA
Address: 3055 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122

Title: S () Delete
Name: KUCK, ODALYS
Address: 3055 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: TOPP, RISIA
Address: 3055 N.W. 84TH AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODALYS KUCK

S

02/15/2005

Electronic Signature of Signing Officer or Director

Date